



LICENSE NO: _____
EST. NO: _____
REMIT DATE: _____
VOUCHER NO: _____
AMOUNT: _____
DATE OF CHECK: _____
CHECK # _____

In compliance with the Georgia Animal Protection Act (O.C.G.A. 4-11-1, et. seq.), the Bird Dealer Licensing Act (O.C.G.A. 4-10-1, et. seq.) and the Georgia Department of Agriculture Registration License and Permit Act (O.C.G.A. 2-5-1, et. seq.), A separate application must be filled out for each license type. I hereby make application for the following license:

***PLEASE MARK APPROPRIATE BOXES**

(1) IF MATERIAL CONTAINED IN THIS APPLICATION PROVES FALSE, YOUR LICENSE WILL BE AUTOMATICALLY SUSPENDED. (2) LICENSE FEE INCREASES BY 100 % FOR ANY RENEWAL PASSED 10 DAYS OF THE EXPIRATION DATE; (EXCLUDE BIRD DEALERS). (3) LICENSE RENEWAL IS THE LICENSE HOLDERS RESPONSIBILITY.

(PLEASE FILL OUT THE REVERSE SIDE)

3) Designate the applicant's registered agent for service of process including the agent's name and address, (if none indicate self):

4) List the name and address of all officers of the corporation, partners, or members of the organization (attach additional sheet, if necessary): All names on this list and any attached list must be approved by the license holder.

NAME	TITLE	ADDRESS

5) Please indicate in the space below if such a person, owner, firm, corporation, agent has ever been found guilty of or charged: with animal cruelty, ill treatment of animals, neglect of animals or any other mistreatment of animals in Georgia or any other state or jurisdiction; currently has charges of animal cruelty, ill treatment of animals, neglect of animals or other mistreatment of animals charges pending in Georgia or any other state or jurisdiction; has been a party to any administrative order, consent order or other enforcement/settlement action with the Georgia Department of Agriculture; and/or resolved or pending or any other violations of the Act or Rules promulgated thereunder. The Department may consider the relevancy of this information in determining whether a license should be issued, renewed, suspended, and/or revoked. The non-disclosing of any of the foregoing information to the Department may be grounds for immediate denial of pending application for a license or immediate revocation of any issued license(s).

☐ YES ☐ NO

If your answer is yes to the above question, please describe the conviction or violation:

6) If operating another pet or equine related business at a different location, additional names and location of these businesses must be listed. This would include breeding and raising of pets at your residence. **A separate license must be obtained for each business location.** (Attach additional sheet if necessary):

<u>NAME</u>	<u>ADDRESS</u>

As manager, owner, partner, member of the organization, or stockholder, I am duly authorized to sign this application. I attest to the fact that the foregoing information documented on this application is true, complete and correct. The regulations have been read and the premise, subject to be licensed, meets all requirements of the Georgia Animal Protection Act (O.C.G.A. 4-11-1, et. seq.) or the Bird Dealer Licensing Act (O.C.G.A. 4-10-1, et. seq.) and the rules and regulations adopted by the Commissioner pursuant to the Animal Protection Act of the Georgia Department of Agriculture or the Bird Dealer Licensing Act of the Georgia Department of Agriculture.

☐ The applicant is a non-resident of Georgia, and hereby consents to and makes himself/herself/itself/themselves subject to the jurisdiction and venue of the courts of the State of Georgia and of the County of Fulton and the county in which any violation occurs, and agrees that service of process shall be made by certified U.S. mail or other delivery service to the address herein given.

I attest that the operation of this establishment in no way conflicts or violates any permitting or licensing requirements, ordinance, zoning and/or planning requirements of the local jurisdiction in which the facility exists. The person signing this application must be approved by the license holder.

Signature of Authorized Person	Title
Print or type Name of Signatory	Date of Application

PLEASE ENCLOSE YOUR CHECK OR MONEY ORDER MADE PAYABLE TO THE GEORGIA DEPARTMENT OF AGRICULTURE AND SUBMIT ALONG WITH COMPLETED APPLICATION TO:

**Georgia Department of Agriculture
Animal Protection & Equine Health Section
19 Martin Luther King Jr. Drive, SW, Room 122
Atlanta, Georgia 30334-2001**